

Appendix: The NDR Questionnaire (English translation)

Response alternatives are shown after each item. The original questionnaire in Swedish may be requested from the authors.

PROM –About how you feel and how things are going with your diabetes

Dimension 1: Questions about how you feel

- 1. How have you felt in general in the past four weeks?** (Very well, Fairly well, Not so well, Not at all well)
- 2. How have you slept in the past four weeks?** (Very well, Fairly well, Not so well, Not at all well)
- 3. Have you felt depressed in the past four weeks?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 4. Has having diabetes been difficult in the past four weeks?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 5. How have you been dealing with your diabetes in the past four weeks?** (Very well, Fairly well, Not so well, Not at all well)

Dimension 2: Questions about your worries

- 6. Do you worry about getting too low blood sugar?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 7. Do you worry that your blood sugar is too high?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 8. Do you worry that your diabetes can cause other diseases or injuries?** (Very rarely or never, Rarely, Fairly often, Very often or always)

Dimension 3: Questions about your capabilities to Manage your diabetes

- 9. Do you think your knowledge is sufficient to care for your diabetes?** (Quite sufficient, fairly sufficient, A bit insufficient, Quite insufficient)
- 10. How do you deal with your diabetes on a day-to-day basis?** (Very well, Fairly well, Not so well, Not at all well)
- 11. How do you deal with your diabetes when your ordinary routines are difficult to follow?** (Very well, Fairly well, Not so well, Not at all well)
- 12. How do you manage to eat in a way that you believe is good for you?** (Very well, Fairly well, Not so well, Not at all well)
- 13. How well are you able to stay as physically active as you believe is good for you?** (Very well, Fairly well, Not so well, Not at all well)

Dimension 4: Questions about barriers

- 14. Does your diabetes prevent you from doing what you want?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 15. Does your diabetes pose as an obstacle to spending time with your family, friends and others?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 16. How often does low blood sugar prevent you from doing what you want?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 17. How often does high blood sugar prevent you from doing what you want?** (Very rarely or never, Rarely, Fairly often, Very often or always)
- 18. How often are you prevented from doing what you want because your blood sugar fluctuates between high and low levels?** (Very rarely or never, Rarely, Fairly often, Very often or always)

Dimension 5: Questions about support from others

- 19. How helpful is the support for your diabetes care from family, friends and others close to you?** (Very helpful, Fairly helpful, Not so helpful, Not at all helpful)
- 20. How well do other persons that you meet in your daily life support you in dealing with diabetes?** (Very well, Fairly well, Not so well, Not at all well)
- 21. How well do other people who also have diabetes support you in dealing with your diabetes?** (Very well, Fairly well, Not so well, Not at all well)

PREM -About how diabetes care providers support you in dealing with your diabetes

Dimension 6: Questions about support from diabetes care providers

- 22. Do you get the support you need from your diabetes care provider?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 23. Is it easy to contact your diabetes care provider when you need help with your diabetes?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 24. Are you able to see a nurse as often as you feel is necessary for your diabetes?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 25. Are you able to make visits with your nurse that fit your schedule?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 26. If you prefer, are you able to see the same nurse for your diabetes at every visit?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 27. Are you able to see a doctor as often as you feel is necessary for your diabetes?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 28. Are you able to make visits with your doctor that fit your schedule?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 29. If you prefer, are you able to see the same doctor for your diabetes at every visit?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)
- 30. Are you able to talk about matters that are important to you at the appointments about your diabetes?** (Yes, always, Yes, usually, No, not so often, No, never, Not applicable)

Dimension 7: Questions about medical devices and medical treatment

31. How satisfied are you with the medical devices available for you to monitor your blood sugar level? (Very satisfied, Fairly satisfied, Not so satisfied, Not at all satisfied, Not applicable)

32. How satisfied are you with the medical devices that you have available for you to take insulin (for example, an insulin pen or insulin pump)? (Very satisfied, Fairly satisfied, Not so satisfied, Not at all satisfied, Not applicable)

33. How satisfied are you with your medication treatment? The question concerns all the medications that you take. (Very satisfied, Fairly satisfied, Not so satisfied, Not at all satisfied, Not applicable)